



“Data Flows, Processes and Errors - Oh My!”

Clinical Data Analyst



Womack Army Medical Center, Fort Bragg, NC
September 2009



Course Topics

- **ADM as a Sub-System of CHCS**
- **Visit Workload vs Encounters**
- **Data Flows and Processes and Errors! Oh My!**
- **Interface Error Reporting**
- **Coding Table Update Coordination**
- **“Tune-Up” Your Data !! And Performance**



**Womack Army Medical
Fort Bragg, NC**



First There Was ...





Bubble" Sheet...



No More Bubble Sheets...

QQQTEST,PATIENTS	ADM Patient Encounter 02/NNN-NN-NNNN	DATA FROM CHCSII AGE:4y
=====		
Appt Date/Time : 24 Jul 2008@1015	Type: WELL	Status: KEPT
Clinic: DOPC CONSOLIDATED CL	SPRS: BGAA	Injury/Accident Related: No
In/Outpatient: Outpatient	No	Pregnancy Related: No
Appt Provider: WAMC,PROVIDER	Appt Prov Taxonomy: 363A00000X	
Appt HCP Role: 1 ATTENDING		
Additional Providers: Yes		
Disposition: RELEASED W/O LIMITATIONS		
=====		
ICD-9	Dx Description	Priority

V70.5 2	PERIODIC PREVENT EXAMINATION	
V06.1	D-T-P, COMBINED [DTP][DTAP]	

Chief Complaint: V70.5 2 PERIODIC PREVENT EX		

Help = HELP	Exit = F10	File/Exit = D0

- **Key Appointment (Visit) data obtained from CHCS Patient Appointment Scheduling (PAS)**
- **Appointment (Visit) data sent to AHTLA**
- **Only "Encounter" related data elements are updatable - Visit and Workload data elements updated in CHCS Patient Appointment & Scheduling**
- **ADM Field that indicates CHCS II**



And Now...

USER, TEST: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

Refresh Add Note Add Providers Templates Sign Save As Template Close

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1959 Options

Folder List

- CHCS-I
 - Immunizations Adm
 - ALEXANDER, VIOLET
 - Demographics
 - Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Immunizations
 - Vital Signs Rev
 - PKC Couplers
 - Readiness
 - Patient Questic
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encoun
 - Flowsheets
 - Current Encounter
 - Screening
 - Vital Signs Ent
 - S/D
 - A/P
 - Disposition

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling
- Blood Pressure Screen
- Mammogram Screening
- Regular Activity Counseling
- Total Cholesterol Screen

Date: **09 Nov 2004 0930 EST** Status: **In Progress** MTF: **CHCSII ITT Facility**
 Primary Provider: **USER, TEST** Type: **ACUT\$** Clinic: **CHCSII ITT Clinic**
 Patient Status: **Outpatient**
Reason for Appointment: cough & fever HTN followup
Appointment Comments: middle age illnesses/perimenopause

AutoCites... AutoCites Refreshed by USER, TEST @ 02 Dec 2004 2306 EST

Problems	Active Family History	Allergies
<ul style="list-style-type: none"> ESSENTIAL HYPERTENSION METORRRHAGIA IRON DEFICIENCY ANEMIA 	No Active Family History Found.	No Allergies Found.

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
AMLODIPINE (NORVASC) 5MG--PO 5MG TAB	Active	QD	6 of 6	Not Recorded
HCTZ (ESIDREX/ORE TIC)--PO 25MG TAB	Active	QD	6 of 6	Not Recorded
FERROUS SULFATE--PO 325MG TAB	Active	1 QD	6 of 6	Not Recorded

CPG Autocites

CPG Autocites	6 Jun 2004	14 Apr 2004	21 Jan 2004
Hemoglobin A1c (Diabetes CPG) (Goal: <8)	8.3 mg/dl	8.9 mg/dl	8.7 mg/dl
LDL (Diabetes CPG, Hyperlipidemia CPG) (Goal: <100)	114 mg/dl		

Screening **Screening Written by USER, TEST @ 02 Dec 2004 2318 EST**
Reason For Appointment: cough & fever

Vitals **Vitals Written by USER, TEST @ 02 Dec 2004 2334 EST**
 BP: 122/66, HR: 72,

A/P **A/P Written by USER, TEST @ 03 Dec 2004 1027 EST**
1. Patient Counseling: Adequate Calcium Counseling Complet
 Laboratory(ies): HGB A1C (Routine); LIPID PAI

USER, TEST in CHCSII Test Clinic at CHCSII ITT



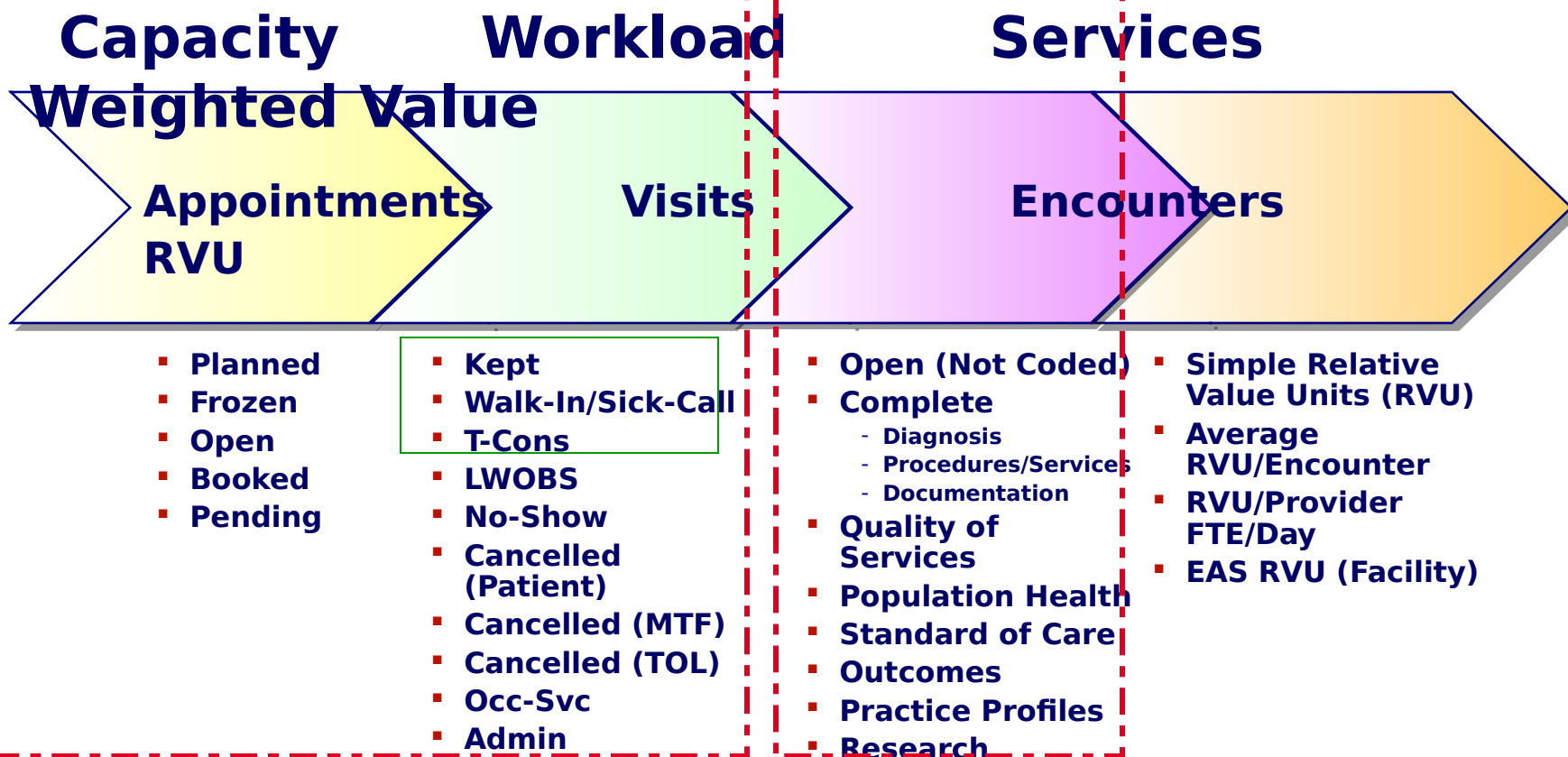


ADM Today...

- **CHCS-ADM serves as the local MTF operational data store for Ambulatory and Inpatient Professional Services:**
 - Clinical Encounter data entered directly into ADM
 - “Written Back” from Signed (Completed) AHLTA Encounter Notes
 - ADM can be used to update AHLTA Encounter Coding - BUT!!! ADM updates DO NOT Update AHLTA
 - Updated from the Coding Compliance Editor (CCE)
 - CCE can be used to update ADM or AHLTA Encounter data, but CCE does not update AHLTA
- **Prepares daily batch data extract files:**
 - Standard Ambulatory Data Record (SADR)
 - Comprehensive Ambulatory and Professional Services Record (CAPER) also known as the “SADR Re-Design”
 - CCE Extract
 - Billing data extracts for:
 - Medical Services Accounting (MSA)
 - Third Party Outpatient Collections System (TPOCS)
- **EAS Encounter Data Extract**



Measuring Performance



Focus Shifting from “Counting Visits” to Measuring Work/Services Provided



Visits vs Encounters

- An “**ENCOUNTER**” captures services provided
 - Documents reason for seeking care
 - Captures medical services provided
 - Establishes level of professional service and decision making
 - Identifies Staff (By Name) providing the services
 - Provider Seen
 - Secondary Providers (Assisting, Supervising, Nursing, Para-Professional, etc.)
 - Both COUNT and NON-COUNT Visits are Encounters
- **DQMC Statement 8. a) - # SADR encounters / # WWR visits**

SADR should always be equal to or greater than the # Visits



Why ???



Clinical Encounter D



- **ICD-9 Coding - Why the Patient was seen?**
 - Chief Complaint and Diagnoses
- **CPT Coding - What was done to address the patient problem?**
 - Physician/Provider Services that supports capture of RVU
 - Procedures Performed and Units of Service
 - Modifiers (explain additional details about the Service or Procedure)
- **HCPCS Coding - What services/supplies were provided?**
- **Evaluation & Management Coding (CPT Code):**
 - Setting
 - Office, Inpatient Professional Services (IPSR), Emergency Room, Preventive Service, Inpatient/Outpatient Consults, etc.
 - Level of Services
 - Complexity (Minimal, Low, Moderate, or High)
 - Age Band
 - Preventive Services/Wellness



Additional Data Details

- **HIPAA standard data elements:**
 - Cause of Injury (and associated elements)
 - Geographic Location of Injury (Motor Vehicle Accidents)
 - Pregnancy Related (and associated elements)
 - HIPAA Provider Taxonomy
- **Additional Secondary Providers (Not in M2)**
- **Additional E&M Codes (up to 2 Additional E&M Codes)***
- **Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)**
- **CPT Code Units of Service (per CPT Code)***
- **CPT Code Modifiers (up to 3 - per CPT Code)***
- **Military Unique ICD-9 Codes (ICD-9 Code Extenders)**
 - **V70.5 4** PRE-DEPLOYMENT EXAMINATION
 - **V70.5 5** DURING DEPLOYMENT EXAMINATION
 - **V70.5 6** POST-DEPLOYMENT EXAMINATION
 - **V70.5 D** PRE-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2795
 - **V70.5 E** INITIAL POST-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2796
 - **V70.5 F** POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA): DOCUMENTED ON DD2900

- ~~Encounter Disposition (Inpatient Services and Ambulatory~~

Additional coded data elements* included in the Comprehensive Ambulatory/Professional Encounter Record (CAPER) Re-Designed SADR



Encounter Data Extracts

DATA ELEMENT	SADR	CAPER	BILLING
HIPAA standard data elements:			
Injury Related Cause Codes	No	Yes	Yes
Geographic Location of Injury (Motor Vehicle Accidents)	No	Yes	Yes
Pregnancy Related (and associated elements)	No	No	Yes
HIPAA Provider Taxonomy	Yes	Yes	Yes
ICD-9 Diagnosis Code (1-4)	Yes	Yes	Yes
ICD-9 Diagnosis Code (5-10)	No	Yes	Yes
Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)	Yes	Yes	Yes
CPT/HCPCS Codes 1-4	Yes	Yes	Yes
CPT /HCPCS Codes 5+	No	Yes	Yes
CPT/HCPCS Code Units of Service (per CPT Code)	No	Yes	Yes
CPT/HCPCS Code Modifiers (up to 3 - per CPT Code)	No	Yes	Yes
E&M (CPT) Code	Yes	Yes	Yes
Additional E&M Codes (up to 2 Additional E&M Codes)	No	Yes	Yes
Additional Secondary Providers (Not in M2)	Yes	Yes	
Workload Flag (COUNT or NON-COUNT)	No	Yes	N/A
Source System Indicator (ADM or CHCS II)	Yes	Yes	N/A



Extract Processing

- **The SADR/CAPER is a daily batch extract ASCII (Text) File for each MTD DMIS ID that contains patient level data for:**
 - Ambulatory Clinic Encounters
 - Ambulatory Procedure Visits (APV) Encounters
 - Observation Status Encounters
 - Inpatient Consults (Not associated with the Attending Clinical Service)
 - Inpatient Attending Provider Professional Services (IPSR-RNDS*) Encounters
- **The SADR Nightly Process is scheduled in CHCS to run at ~2130 each night:**
 - Includes ADM & AHLTA completed encounters
 - Includes ADM updates and updates received from AHLTA and CCE
- **Following the SADR Nightly Process, billable encounter services are sent by CHCS to:**
 - CHCS Medical Services Accounting (MSA)
 - Third Party Outpatient Collections System (TPOCS)



Coding Compliance

- **Timeliness is a key element of Data Quality**

DQMC Statement Question 2.

- a) **What percentage of Outpatient Encounters, other than APVs, have been coded within 3 business days of the encounter?**
- b) **What percentage of APVs have been coded within 15 days of the encounter?**

- **Coding Compliance measures are currently based on the encounter data included in the SADR**
- **AHTLA/ADM “Write-Back” process errors have impacted Coding Compliance measures**
- **AHTLA/ADM “Write-Back” errors impact each MTF differently**
 - Specific Clinics and/or Providers can also be impacted to different degrees, particularly when the Write Back Errors are a result of Synch Manager issues on the AHTLA Local Cache Server



What is a Write-Back Error?

- **AHLTA encounter “Complete”:**
 - Signed or Co-Signed by Provider
 - Contains the required ICD-9 Dx and E&M Code
- **Error condition in AHLTA or during data update to CHCS ADM:**
 - AHLTA did not complete encounter process to update ADM:
 - Encounter CDR # is Null (Fix Patch expected AHLTA ICD update 426 of 2-3 Aug 08)
 - AHLTA Business Rules not consistent with ADM
 - Jun-Jul 08 T-CONS represented a significant number of Write-Back Errors
 - AHLTA encounter did not contain an ICD-9 Code
 - When AHLTA Note is reviewed, there is an Encounter Dx in the note
 - AHLTA allowed entry of invalid CPT Code Modifier
 - AHLTA allowed entry of obsolete ICD-9 and/or CPT Codes
 - AHLTA allowed entry of an Injury Date later than Encounter Date
 - Scanned documentation caused an AHLTA error
 - Visit not found in CHCS to link Encounter data (occurs infrequently)
 - Possible reasons are Provider Inactivated or Merged in CHCS or Clinic No Longer Active in CHCS...etc.
- **AHLTA/ADM Error Report does not include all Error Conditions**
- **Often difficult to successfully run the AHLTA/ADM Error Report**



AHLTA/ADM Reconciliation

COLON, CHARLENE C: Military Clinical Desktop - Appointments (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Refresh Open Appt New Appt Print Appts View Comments Cancel Transfer Providers Check-In Check-Out Ins. Form Undo Cancel Close

<No Patient Selected>

Folder List

- Desktop
 - Notifications
 - Appointments
 - Telephone Consults
 - Search
 - New Results
 - Co-signs
 - Consult Log
 - Patient List
 - CHCS-I
 - Reports
 - Tools
 - Web Browser

Change Selections ... Appointments for CANNON, MARJORY E in WARRIOR TRANSITION CLINIC (BHAM) for 07 May 2008 Any Status.

Appt. Date/Time	Status	Reason for Visit	Type	Classification	Encounter	Appt IEN	Appt ID
07 May 2008 0740	Complete	med refill	OPEN ACCESS APPT	Outpatient		17850243	204047079
07 May 2008 0800	Complete	insomnia	OPEN ACCESS APPT	Outpatient	CDR-32231867	17847686	203983366
07 May 2008 0820	Updated	med refill	OPEN ACCESS APPT	Outpatient		17849974	204041523
07 May 2008 0828	Complete	bp check	ACUTE APPT	Outpatient		17852404	204119951
07 May 2008 0840	Checked In	End case	OPEN ACCESS APPT	Outpatient		17847804	203987047
07 May 2008 0900	FACILITY CANCELLED	INITIAL NEED FULL HOUR	ESTABLISHED/FOLLOW UP APPT	Outpatient		17806850	202845306
07 May 2008 0900	FACILITY CANCELLED	Initial Exam	ESTABLISHED/FOLLOW UP APPT	Outpatient		17816493	203109247
07 May 2008 0900	Complete	Initial Exam	ESTABLISHED/FOLLOW UP APPT	Outpatient	CDR-32243323	17817595	203128383
07 May 2008 0946	Complete	initial need full hour	INITIAL SPECIALTY CARE APPT	Outpatient	CDR-32284371	17853197	204139269
07 May 2008 1000	FACILITY CANCELLED	initial	ESTABLISHED/FOLLOW UP APPT	Outpatient		17809364	202911424
07 May 2008 1100	FACILITY CANCELLED	f/u MRI results	ESTABLISHED/FOLLOW UP APPT	Outpatient		17737485	200831610
07 May 2008 1100	Complete	pelvic pain	ROUTINE APPT	Outpatient		17850325	204048547
07 May 2008 1102	Complete	final disposition	ROUTINE APPT	Outpatient		17853874	204157855
07 May 2008 1130	FACILITY CANCELLED	final disposition	ESTABLISHED/FOLLOW UP APPT	Outpatient		17740000	2039615
07 May 2008 1200	Complete	knee pain	OPEN ACCESS APPT	Outpatient		17849958	204041353
07 May 2008 1600	Complete	initial need full hour	ESTABLISHED/FOLLOW UP APPT	Outpatient		17846324	203951319
07 May 2008 1700	Complete	med refill	ESTABLISHED/FOLLOW UP APPT	Outpatient		17850280	204047738

Modify Selected Encounters for Provider: CANNON, MARJORY E

Patient Name	Clinic	Appt Date	Type	Status	CkIn	Enctr
B1	MHO	07 May 2008@1130	EST	CANCEL		COMPL
B1	MHO	07 May 2008@1130	EST	CANCEL		COMPL
G6	MHO	07 May 2008@1100	EST	CANCEL		COMPL
S1	MHO	07 May 2008@1000	EST	CANCEL		COMPL
S1	MHO	07 May 2008@0946	SPEC	WALK-IN		COMPL
F1	MHO	07 May 2008@0900	EST	CANCEL		COMPL
A1	MHO	07 May 2008@0900	EST	CANCEL		COMPL
T1	MHO	07 May 2008@0900	EST	KEPT		COMPL
P1	MHO	07 May 2008@0840	OPAC	NO-SHOW		COMPL
D1	MHO	07 May 2008@0800	OPAC	KEPT		COMPL

• When the Encounter CDR # is Null, the Encounter will NOT Write Back or be listed on the Error Report

• ADM Modify Patient By Provider Menu Option



Write-Back Error Report

AHTLA ADM Write Back Error Report		
1-30 Jun 2008		
Count of APPT IEN		
APPT TYPE	EXCEPTION TEXT	Total
GRP\$	'36540' is not a valid value for CPT4 CODE. '36540' cannot be found in the 'CPT4' code reference.	18
	'G0376' is not a valid value for CPT4 CODE. 'G0376' cannot be found in the 'CPT4' code reference.	33
	'S0116' is not a valid value for CPT4 CODE. 'S0116' cannot be found in the 'CPT4' code reference.	1
	text=ERROR=The entry < 36540> is not valid for the CPT/HCPCS table.	1
GRP\$ Total		53
PROC\$	'36540' is not a valid value for CPT4 CODE. '36540' cannot be found in the 'CPT4' code reference.	21
	'J2912' is not a valid value for CPT4 CODE. 'J2912' cannot be found in the 'CPT4' code reference.	1
	'L3805' is not a valid value for CPT4 CODE. 'L3805' cannot be found in the 'CPT4' code reference.	1
	'L3825' is not a valid value for CPT4 CODE. 'L3825' cannot be found in the 'CPT4' code reference.	1
	'L3907' is not a valid value for CPT4 CODE. 'L3907' cannot be found in the 'CPT4' code reference.	2
	'L3910' is not a valid value for CPT4 CODE. 'L3910' cannot be found in the 'CPT4' code reference.	1
	'L3930' is not a valid value for CPT4 CODE. 'L3930' cannot be found in the 'CPT4' code reference.	3
	'L3938' is not a valid value for CPT4 CODE. 'L3938' cannot be found in the 'CPT4' code reference.	1
	'L3985' is not a valid value for CPT4 CODE. 'L3985' cannot be found in the 'CPT4' code reference.	1
	text=ERROR=Invalid Modifier MOD1 for CPT code of 97110	3
	text=ERROR=Invalid Modifier MOD1 for CPT code of 97140	1
	text=ERROR=Invalid Modifier MOD1 for CPT code of 97500	1
	text=ERROR=Invalid Modifier MOD1 for CPT code of 97505	1
	text=ERROR=Invalid Modifier MOD1 for EM code 99212	1
	text=ERROR=KEPT: O: 17534566: 29095: 1290951241: Injury/Accident Date must be on or before Appt Dt.	1
	text=ERROR=KEPT: O: 17714406: 29095: 1290951241: Injury/Accident Date must be on or before Appt Dt.	1
	text=ERROR=KEPT: O: 17778664: 29095: 1290951241: Injury/Accident Date must be on or before Appt Dt.	1
	text=ERROR=KEPT: O: 17788607: 29095: 1290951241: Injury/Accident Date must be on or before Appt Dt.	1
	text=ERROR=The entry < 36540> is not valid for the CPT/HCPCS table.	3
	text=ERROR=WALK-IN: O: 17927636: 29095: 1290951241: Injury/Accident Date must be on or before Appt Dt.	1
	'V58.3' is not a valid value for ICD CODE. 'V58.3' cannot be found in the 'ICD9' code reference.	
PROC\$ Total		
WELL	" is not a valid value for ICD CODE. " cannot be found in the 'ICD9' code reference.	
	'0115T' is not a valid value for CPT4 CODE. '0115T' cannot be found in the 'CPT4' code reference.	
	'0116T' is not a valid value for CPT4 CODE. '0116T' cannot be found in the 'CPT4' code reference.	
	'0117T' is not a valid value for CPT4 CODE. '0117T' cannot be found in the 'CPT4' code reference.	
	'3076F' is not a valid value for CPT4 CODE. '3076F' cannot be found in the 'CPT4' code reference.	
	'345.9' is not a valid value for ICD CODE. '345.9' cannot be found in the 'ICD9' code reference.	
	'787.2' is not a valid value for ICD CODE. '787.2' cannot be found in the 'ICD9' code reference.	
	'790.9' is not a valid value for ICD CODE. '790.9' cannot be found in the 'ICD9' code reference.	
	'G0375' is not a valid value for CPT4 CODE. 'G0375' cannot be found in the 'CPT4' code reference.	
	'S0820' is not a valid value for CPT4 CODE. 'S0820' cannot be found in the 'CPT4' code reference.	
	text=ERROR=Invalid Modifier MOD1 for EM code 99212	
	text=ERROR=TEL-CON: O: 17915507: 29040: 1290401486: Disposition must be blank: E&M Code must be	
	'V18.1' is not a valid value for ICD CODE. 'V18.1' cannot be found in the 'ICD9' code reference.	
	'V26.4' is not a valid value for ICD CODE. 'V26.4' cannot be found in the 'ICD9' code reference.	
	'V68.0' is not a valid value for ICD CODE. 'V68.0' cannot be found in the 'ICD9' code reference.	
	'V68.8' is not a valid value for ICD CODE. 'V68.8' cannot be found in the 'ICD9' code reference.	
WELL Total		26

- Providers/Staff must update AHTA Favorites Lists and Personal Templates to the new ICD/CPT Codes
- Encounters completed for "BTST" or "QQQ" (Test Patients) are not written back
- CPT Codes in AHTLA must be linked to ICD-9 Dx Priority 1, 2, 3 and/or 4
- Injury Date must be before Appt Date



ADM Reports Menu

- From your CHCS Main Menu:
 - Type “ADS” to access the Ambulatory Data Module (ADM)
 - ADM is a Secondary Menu Option
 - CHCS Secondary Menus allow access across CHCS Sub-Systems

STYL	User Prompt Style
1	Appointments with No ADM Records by Clinic
2	ADM Patients with 3rd Party Insurance
3	ADM Compliance Report
4	ADM Records with Unresolved Coding Issues
5	Interface Transmission Status of ADM Record
6	Encounter Summary Report by Clinic/Provider
7	For Clinic Use Only Report
8	Encounter Specific Code Report by Clinic/Provider
9	Top Number Encounter Report
10	Appointment/Encounter Count Report
11	Patient Encounter Records Report

- Reports status of 3 Business Day Coding Compliance By Day & Clinic
- Log Status of AHLTA Degrades, Fail-Overs and/or Down-Times for DQ Statement



Compliance Report # 3

```
Select PAD System Menu Option: ADS  Ambulatory Data Module
Select Ambulatory Data Module Option: 2  Ambulatory Data Reports
Select Ambulatory Data Reports Option: 3  ADM Compliance Report
Select (D)MIS ID, (U)ser current division as filtering type or (Q)uit: U// D
Select (O)ne, (M)ultiple, (A)ll DMIS ID or (Q)uit: A// 0
Select DMIS ID: 0089  0089          WOMACK AMC
Select (C)linic, (P)rovider as primary sort or (Q)uit: C// C
Select (O)ne, (M)ultiple, (A)ll ADM clinics or (Q)uit: A// A
Summarize by provider (Y)es, (N)o, or (Q)uit: Y// N ← "
Select (D)MIS, (M)EPR, (C)linic clinic sort order or (Q)uit: C//
Select (O)ne, (M)ultiple, (A)ll appointment status or (Q)uit: A// M ← "
Include inpatient admitted by another service (Y)es, (N)o, or (Q)uit: Y// Y
Select (C)ount, (N)on-Count, (E)rror non-count, (B)oth as workload type
or (Q)uit: B// B
Select (M)onth and year, (S)pecific start and stop as date range or (Q)uit: S// M
Enter Month & Year: Jun 2008//  (Jun 2008)
Do you want to proceed with this report? No// Y
Select DEVICE: Q
Select DEVICE: SPOOL
Name File beginning with your Initials  CCC ADM COMP JUN08
```

- Choose One, Multiple or All DMIS
- Choose "No" to Summarize by Provider for Summary Report
- Choose Multiple for Appt Status to include only KEPT, WALK-IN & S-CALL
- Enter Q to Queue the Report Task
- Enter SPOOL to save the report to an e-file in CHCS



Capture Text->Import Excel

ADM COMPLIANCE REPORT FOR 27 JAN AS OF 2 FEB 09					
Commander's Goal = 95% // MEDCOM Standard = 100%					
Clinic		PAS	COMPLETE	INCOMPLETE	%
Appointment Status		TOTAL	ADM	ADM	COMPLIANT
0089 BAAA	INTERNAL MEDICINE				
KEPT		14	14	0	100
7294 BAAI	INT MED-CLARK				
KEPT		12	12	0	100
7286 BAAN	INTERNAL MED - JOEL				
KEPT		11	11	0	100
0089 BABA	ALLERGY				
KEPT		43	43	0	100
0089 BACA	CARDIOLOGY				
KEPT		28	25	3	89
WALK-IN		1	0	1	0
0089 BACA	COUMADIN CLINIC				
KEPT		35	35	0	100
0089 BACA	LIPID CLINIC				
KEPT		6	6	0	100
0089 BAGA	GASTROENTEROLOGY				
KEPT		10	10	0	100
0089 BAKA	NEUROLOGY CLINIC				
KEPT		10	2	8	20
0089 BAKA	TBI AND NEURO-REHAB CLINIC				
KEPT		20	19	1	95



Daily Compliance Reporting

Message | 5may.xlsx (24 KB) | 6may1.xlsx (24 KB)

Classification: UNCLASSIFIED

Caveats: FOUO

1. ADM compliance rate for 5 May is 95.46% with 174 open encounters (noncompliant -- close as soon as possible). Open encounters are highlighted in red on attached report.

Highest number of open encounters (NONCOMPLIANT - CLOSE ASAP):

BBAA	BREAST/GEN SURG	<u>26</u>
BGAR	RHC	<u>25</u>
BAMA	HEMA/ONC	<u>17</u> (NO CHANGE FROM FRIDAY'S REPORT)
BDAI	PEDS - CLARK	<u>13</u> (NO CHANGE FROM FRIDAY'S REPORT)
BFAA	PSYCHIATRY	<u>11</u>
BDAB	EFMP-PEDS	<u>11</u>

2. ADM compliance rate for 6 May is 91.61% with 228 open encounters (close by close of business). Open encounters are highlighted in red on attached report.

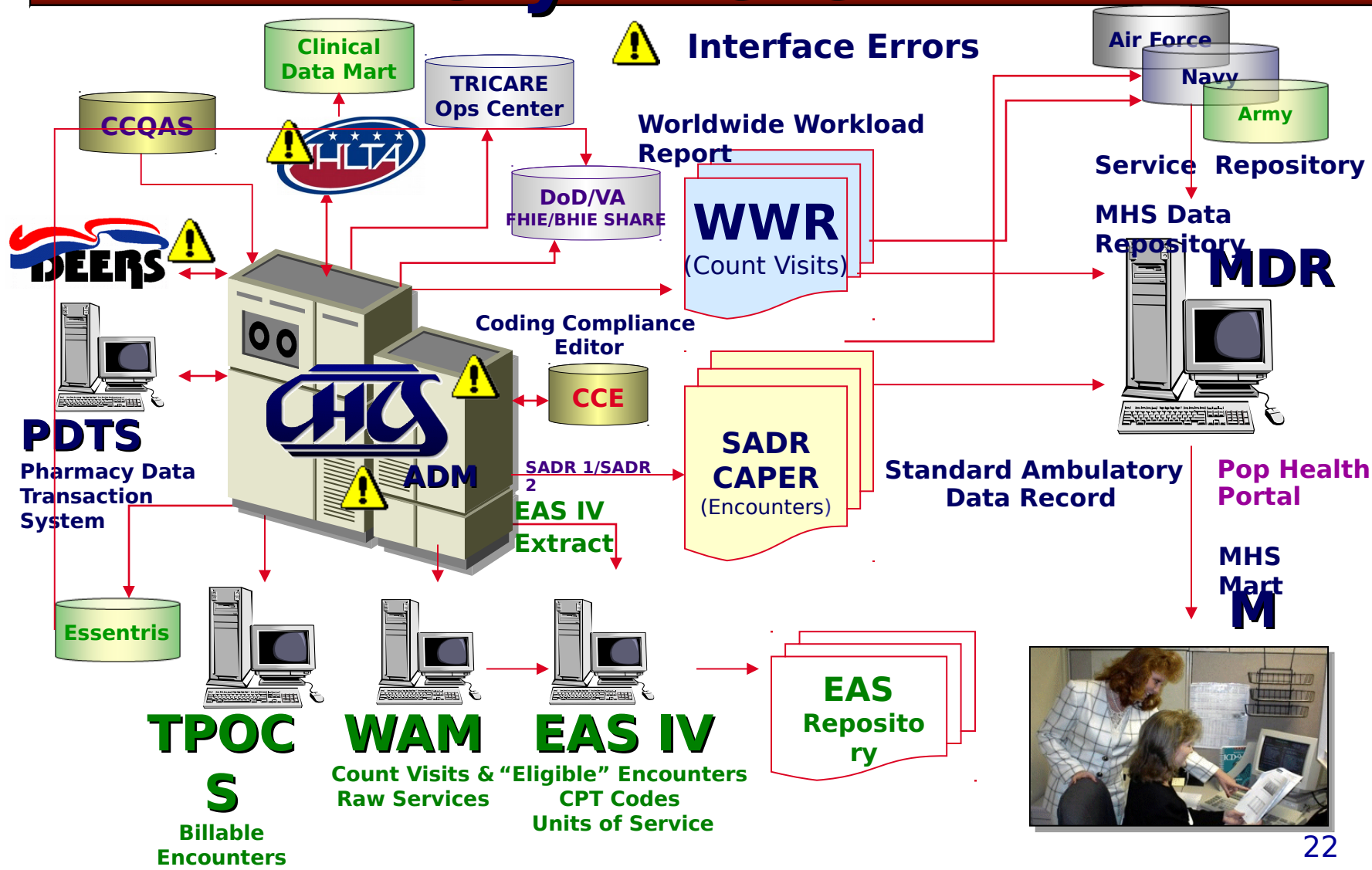
Highest number of open encounters (close by COB):

BCBA	OB/GYN CLNS	<u>34</u>
BGAR	RHC	<u>31</u>
BAAA	INT MED	<u>18</u>
FBN2	HEARING CONS 82D SRP	<u>17</u>
BGAA	WFM	<u>17</u>
BAMA	HEMA/ONC	<u>16</u>
BBAA	GEN SURG	<u>15</u>
BFAA	PSYCHIATRY	<u>11</u>

3. Reports are completed for each workday (excluding Saturdays/Sundays/Federal Holidays) for KEPT, S-CALL & WALK-IN appointments -- does not include APVs, APU's, OBSS & IBWAs. Please close all open encounters as soon

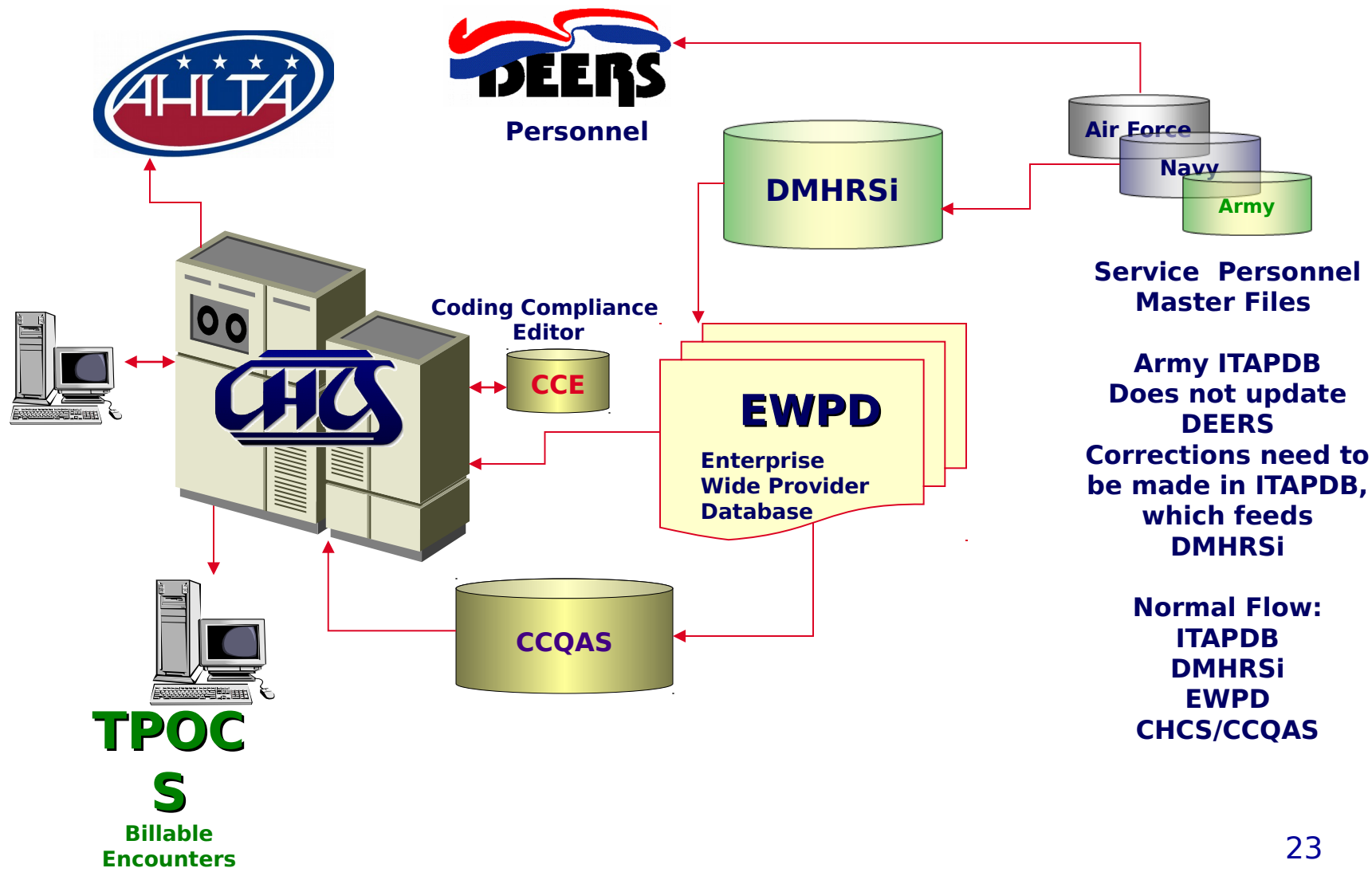


Data, Data Everywhere...





Provider File Data Flow





Interface Error Reports

1. AHLTA/ADM Write-Back Error Report (AHLTA Server)

- Coordinate with your AHLTA System Admin to run the report
- ASCII File of AHLTA Write-Back errors (Easily imported into Excel):
 - AHLTA encounter not accepted or received by ADM
 - SADR/CAPER not created
 - Encounter not sent to TPOCS, CCE or EAS
 - Impacts 3-Day Coding Compliance DQ Measure
 - Not all AHLTA WB Errors appear on the AHLTA/ADM Write Back Error Report

2. ADM Interface Status of ADM Records Report (ADM Report)

- CHCS ADM Menu Option Report #5
- **Errors** – Encounter failed SADR edits – Not sent in SADR or to CCE
- **Warnings** – May impact TPOCS encounter data or indicate “Training” opportunities
- Supervising Provider Warnings – Will now be sent to EAS

3. ADM SADR Error/Warning Report (ADM Sys Mgr Report)

- Errors listed will prevent a SADR from being created
- Warnings will still be included in the SADR

4. CCE Detailed Interface Error Report (ADM Sys Mgr Report)

- CHCS Menu Option within ADM System Manager Menu Option
- Report of CCE functional errors
- ADM not updated to generate updated SADR
- Billable encounters not available to submit for billing



SADR Error/Warning Report

- **Menu Path:**
 - ADM Main Menu
 - #4 Ambulatory Data Collection Manager Menu
 - #6 ADM Data Extract Error Menu
 - #2 ADM SADR Error Report

```
ADS INTERFACE ERROR/WARNING REPORT      22 Mar 2004@0728      Page 1
CLINIC          PATIENT          APPT DATE/TIME    PROVIDER
-----
-----
IMED CARE NH    PATIENT, ONE A    27 Jun 2004@1150
DOCTOR,NORMAL A
  ERR: 224  E&M code null or missing.
IMED CARE NH    PATIENT, ONE AANDB  28 Jun 2004@1600
DOCTOR,NORMAL B
  ERR: 222  Disposition missing based on status.
MIL MED NH     PATIENT, SECOND    26 Jun 2004@1403
DOCTOR,ABNORMAL
  ERR: 202  PATIENT_IEN does not match Global PATIENT_IEN.
```



Coding Table Updates

January 2009						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

October 2009						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

- **CPT/HCPCS - Updated per Calendar Year**
 - **Effective 1 Jan**
 - MTF updates synchronized for AHLTA, CHCS and CCE
 - CPT/HCPCS automatically sent to TPOCS from CHCS
 - Use CHCS or M2 to identify Obsolete Codes used - to identify impact and reduce "Obsolete" coding errors
 - Coordinate with Ancillary Areas (LAB/RAD) to update CHCS LAB/RAD Site Defined files and Radiology Procedure Groups
- **ICD-9 - Updated per Fiscal Year**
 - **Effective 1 Oct**
 - MTF updates must be coordinated for AHLTA, CHCS, CCE and TPOCS
 - Use CHCS or M2 to identify obsoleted codes used - to identify impact and reduce "Obsolete" coding AHLTA Write Back errors

CHCS-ADM has been changed to support ICD-9 and CPT Coding validation, based on Date of Service - needed for Billing and CCE encounter coding updates



The “99499” Placeholder

- **June 2005:**

- E&M Code became optional for APV and encounters when at least 1 CPT/HCPCS Code was entered
- E&M Code was no longer required for Non-Count Visits
 - Remember! – IPSR RNDs* are NON-COUNT Visits
- TPOCS still requires the “99499” Placeholder

Current recommendation:

Continue to enter the “99499” E&M Code Placeholder in CHCS ADM



Department Review Tool

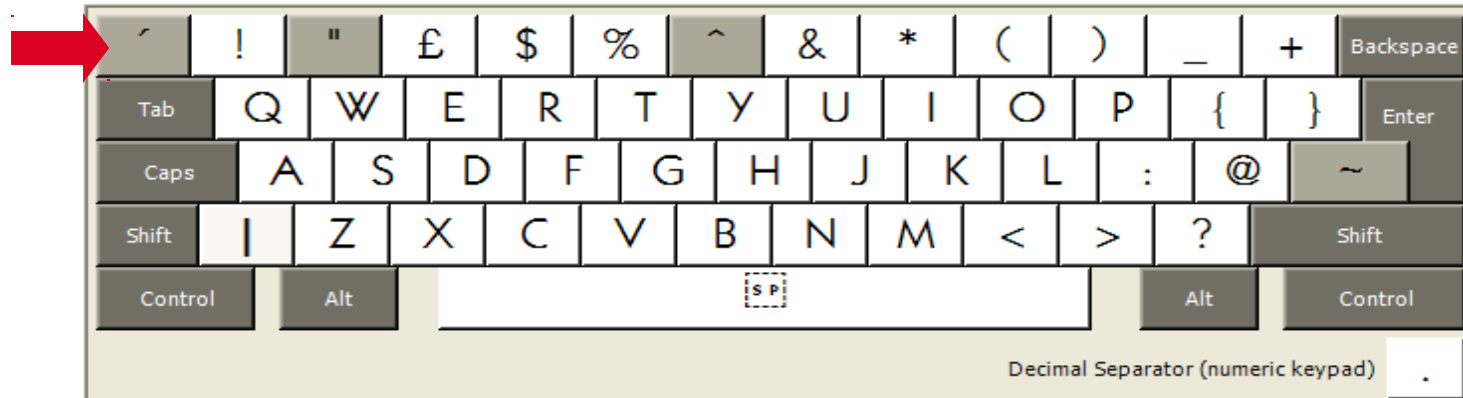
PROV PROD SUMMARY STATS FY09_Lite (Dec09)_NCD.xlsx																								
3	A	B	D	E	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	
1	MONTH	DEPT	CLINIC	MEPRS	CAN(PT)	LVOBS	NO-SHOW	%NO-SHOW	S-CALL	T-COM	KEPT	WALK	TOTAL VISITS	BOOKED (SLOTS)	NOT BKD (SLOTS)	FROZEN	ADM COMPLETE	ADM OPEN	M2 ENCTRS	RVU (SIMPLE)	AVG RVU	RVU FTEs	RVU/FTE/DAY	
320		NCD			88	1	82		0	10	330	495	835	298	43	0	742	0	835	263.6		2.92		
424	Jan-08	NCD	NUTRITION CLINIC	BALA	118	0	99	18%	0	8	449	701	1158	437	54	0	1039	1	1155	372.3	0.32	3.69	4.80	
425	Jan-08	NCD	NUTR CARE USARIEM	FBZF	0	0	0		0	0	0	10	10	0	0	0	10	0	10	3.7	0.37	0.00	0.00	
426		NCD			118	0	99		0	8	449	711	1168	437	54	0	1049	1	1165	376.0		3.69		
502	Feb-08	NCD	NUTRITION CLINIC	BALA	100	1	113	21%	0	10	416	611	1037	427	94	0	1039	0	1003	412.5	0.41	3.37	5.83	
503	Feb-08	NCD	NUTR CARE USARIEM	FBZF	0	0	0		0	0	0	5	5	0	0	0	0	0	5	1.9	0.37	0.00	0.00	
504		NCD			100	1	113		0	10	416	616	1042	427	94	0	1039	0	1008	414.3		3.37		
607	Mar-08	NCD	NUTRITION CLINIC	BALA	127	1	120	22%	0	16	415	867	1298	438	68	0	1185	0	1277	500.2	0.39	3.54	6.73	
608		NCD			127	1	120		0	16	415	867	1298	438	68	0	1185	0	1277	500.2		3.54		
717	Apr-08	NCD	NUTRITION CLINIC	BALA	125	1	111	19%	0	7	482	763	1252	476	55	0	1111	0	1248	476.5	0.38	3.99	5.69	
718		NCD			125	1	111		0	7	482	763	1252	476	55	0	1111	0	1248	476.5		3.99		
808	May-08	NCD	NUTRITION CLINIC	BALA	129	2	116	21%	0	1	446	686	1133	440	53	6	984	0	1133	440.7	0.39	4.08	5.14	
809		NCD			129	2	116		0	1	446	686	1133	440	53	6	984	0	1133	440.7		4.08		
919	Jun-08	NCD	NUTRITION CLINIC	BALA	113	1	123	21%	0	3	462	699	1164	441	46	1	1019	0	1162	453.6	0.39	3.76	5.75	
920		NCD			113	1	123		0	3	462	699	1164	441	46	1	1019	0	1162	453.6		3.76		
1027	Jul-08	NCD	NUTRITION CLINIC	BALA	109	1	96	15%	0	0	539	990	1529	484	41	3	1384	0	1529	552.4	0.36	0.00		
1028		NCD			109	1	96		0	0	539	990	1529	484	41	3	1384	0	1529	552.4		0.00		
1136	Aug-08	NCD	NUTRITION CLINIC	BALA	131	0	112	16%	0	2	574	713	1289	500	52	0	1141	0	1288	498.1	0.38	0.00		
1137		NCD			131	0	112		0	2	574	713	1289	500	52	0	1141	0	1288	498.1		0.00		
1247	Sep-08	NCD	NUTRITION CLINIC	BALA	123	0	187	18%	0	2	833	299	1134	531	31	3	1043	0	1133	426.8	0.38	0.00		
1248		NCD			123	0	187		0	2	833	299	1134	531	31	3	1043	0	1133	426.8		0.00		
1356	Oct-08	NCD	NUTRITION CLINIC	BALA	160	1	149	11%	0	1	125	0	1254	524	49	3	1237	0	1251	447.8	0.6	0.00		
1357		NCD			160	1	149		0	1	125	0	1254	524	49	3	1237	0	1251	447.8		0.00		
1463	Nov-08	NCD	NUTRITION CLINIC	BALA	117	2	127	11%	0	0	1039	5	1034	419	36	1	1007	1	1030	367.4	0.3	0.00		
1464		NCD			117	2	127		0	0	1039	5	1034	419	36	1	1007	1	1030	367.4		0.00		
1570	Dec-08	NCD	NUTRITION CLINIC	BALA	161	0	193	14%	0	2	175	4	1181	501	40	0	1168	2	0	0.0	0.00	0.00		
1571		NCD			161	0	193		0	2	175	4	1181	501	40	0	1168	2	0	0.0		0.00		
1621		Grand			1839	11	1888		0	82	5199	8238	7519	6639	762	38	16315	4	16256	5895.1		32.45		

Notes: AHLTA is updating all WALK-IN Appointments as KEPT since late Sep 08

Missed Opportunity for Nutrition Care to capture Telephone Consults



The ` Key... The Missing Link



- The M2 Record ID is the CHCS Appointment Internal Entry Number (IEN)
- Run an M2 DQ query that includes the M2 Medical Record ID to match with CHCS Appointment IEN
- This process can reconcile “I” SADRIS in M2 with ADM Encounter Status
- An M2 Record ID “How To” is available to for the steps to process the M2 Query Results and locate the Visit in the CHCS Patient Appointment File or Encounter in the KG ADC DATA File
- There is no Appointment IEN available from the AHLTA Clinical Data Mart (CDM)



"I" SADR DQ Sample

FY 2008 Lost Earnings based on Inferred (Incomplete SADRs)

DO NOT REFRESH

M2 Data retrieved 5 Mar 09

Assumptions: PPS Potential Earnings are a PPS Value of Care that is estimated by M2 based on complete records.

Data retrieved includes, Tmt Parent DMIS, Tmt DMISID, MEPRS3, MEPRS4, Appt Status, Appt Type, Provider ID, Record ID, Service Date and PPS Potential Earnings.

Column Labels										
Sum of PPS Potential Earnings					Count of Record ID				Total Sum of PPS Potential Earnings	Total Count of Record ID
Row Labels	Appt Scheduled	Walk In	Sick Call	T-Con	Appt Scheduled	Walk In	Sick Call	T-Con		
89	\$ 42,895.80	\$ 14,716.50		\$ 68,206.71	445	174		3987	\$ 125,819.01	4606
570	\$ 134.26	\$ 134.26		\$ 266.64	2	2		11	\$ 535.16	15
7143	\$ 9,146.34	\$ 1,733.92	\$ 649.53	\$ 7,826.61	118	24		9	\$ 19,356.40	705
7286	\$ 82.05			\$ 1,791.85	1			106	\$ 1,873.90	107
7294		\$ 37.30		\$ 6,442.43		1		395	\$ 6,479.73	396
Grand Total	\$ 52,258.45	\$ 16,621.98	\$ 649.53	\$ 84,534.24	566	201		9	\$ 154,064.20	5829

MIA PPS MIA PPS

Sum of PPS P	APPT STA				
Tmt DMIS ID	TYPE	KEPT	TEL-CON	WALK-IN	Grand Total
89	ACUT	\$ 65.54			\$ 65.54
	EROOM	\$ 419.67			\$ 419.67
	EST\$	\$ 4,743.00		\$ 1,534.50	\$ 6,277.50
	PROC\$			\$ 697.50	\$ 697.50
	ROUT\$			\$ -	\$ -
	SPEC	\$ 3,069.00		\$ 3,906.00	\$ 6,975.00
	SPEC\$	\$ 976.50			\$ 976.50
	T-CON*		\$ 478.75		\$ 478.75
	GRP			\$ 139.50	\$ 139.50
7143	ACUT	\$ 218.35		\$ 288.68	\$ 507.03
	WELL			\$ 72.17	\$ 72.17
7294	T-CON*		\$ 534.60		\$ 534.60
Grand Total		\$ 9,492.06	\$ 1,013.35	\$ 6,638.35	\$ 17,143.76

MIA PPS MIA PPS

Count of APPT	APPT STA				
Tmt DMIS ID	TYPE	KEPT	TEL-CON	WALK-IN	Grand Total
89	ACUT	1			1
	EROOM	1			1
	EST\$	34		11	45
	PROC\$			5	5
	ROUT\$			10	10
	SPEC	22		28	50
	SPEC\$	7			7
	T-CON*		25		25
	GRP			1	1
7143	ACUT	3		4	7
	WELL			1	1
7294	T-CON*		33		33
Grand Total		68	58	60	186

OPEN ADM (All)

Sum of PPS Potential Earnings		APPT STATUS				
Tmt DMIS ID	E_M_CODE	KEPT	S-CALL	TEL-CON	WALK-IN	Grand Total
89	(blank)	\$ 33,255.26		\$ 67,727.96	\$ 8,086.78	\$ 109,070.00
7143	(blank)	\$ 8,927.99	\$ 649.53	\$ 7,826.61	\$ 1,373.07	\$ 18,777.20
7286	(blank)	\$ 82.05		\$ 1,791.85		\$ 1,873.90
7294	(blank)			\$ 5,875.43	\$ 37.30	\$ 5,912.73
570	(blank)	\$ 134.26		\$ 266.64	\$ 134.26	\$ 535.16
Grand Total		\$ 42,399.56	\$ 649.53	\$ 83,488.49	\$ 9,631.41	\$ 136,168.99

OPEN ADM (All)

Count of APPT IEN	A				
Tmt DMIS ID	E_M_CODE	K			
89	(blank)				
7143	(blank)				
7286	(blank)				
7294	(blank)		1	106	107
570	(blank)		2	360	361
Grand Total			492	9	5630

NOTES

- "I" SADRS from M2 Mapped to ADM by Record ID & Appt IEN
- MIA - \$17K SADR Complete but not sent in SADR Batch
- OPEN ADM - \$136K
- Break Out by Appt Type



ADM Questions?

